

# Hemato-Oncology Requisition

## Cytogenetics & Molecular Genetics Laboratories

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Phone: (416) 756-6791 Fax: (416) 756-6197 (Molecular Genetics)  
[www.nygh.on.ca/genetics/labs](http://www.nygh.on.ca/genetics/labs)

### Patient Information

Health Card Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

DOB \_\_\_\_\_

Sex

M  F

YYYY /MM/DD

The DNA extracted from the patient's specimen (blood or bone marrow) will be destroyed one year after the test is reported. Some residual specimens may be used anonymously in the lab for test development or quality assurance purposes, unless waived by the patient.

*I wish to waive the usage of my DNA specimen by the lab.* Patient/designate signature \_\_\_\_\_, Date \_\_\_\_\_

### Sample Information

- Peripheral blood (3 mL NaHep)
- Bone marrow aspirate (1~ 2 mL NaHep)  
Specimen # \_\_\_\_\_
- Paraffin-embedded tissue slides  
Specimen # \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Specimen Collection Centre: \_\_\_\_\_

Collection Date (YYYY/MM/DD): \_\_\_\_\_

### Indication(s) for Testing (Test must be selected on page 2)

Myeloid disorders

- AML  APL
- MDS
- MPN (specify \_\_\_\_\_)
- MDS/MPN (specify \_\_\_\_\_)

Lymphoid disorders

- ALL
- CLL
- Lymphoma (specify \_\_\_\_\_)
- MM

- Cytopenia (specify \_\_\_\_\_)
- Other

### Reason for Referral

- Diagnostic
- Follow-up

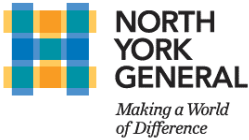
### Report to (Physician Information)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province/Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Signature \_\_\_\_\_

Copy to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Lab Use Only

Cytogenetics Lab # \_\_\_\_\_ Molecular Genetics Lab # \_\_\_\_\_  
 Related Lab Numbers \_\_\_\_\_ Date Received \_\_\_\_\_  
 Req. Check \_\_\_\_\_ CG Chart Check \_\_\_\_\_ MG Chart Check \_\_\_\_\_



Patient name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Test(s) Requested**

**G-Banded Chromosome Analysis**

- Karyotype
- Reflex to oncology SNP array if karyotype fails

**Microarray Analysis**

- Oncology SNP array

**FISH Analysis**

- Acute promyelocytic leukemia (APL): PML/RARA
- Chronic myelogenous leukemia (CML): BCR/ABL1
- Follicular lymphoma (FL): IGH/BCL2 or BCL2
- High-grade B-cell lymphoma (HGBL): BCL6, MYC and BCL2
- Mantle cell lymphoma (MCL): IGH/CCND1
- Marginal zone lymphoma (MZL): 3q, 7q and MALT1
- Multiple myeloma (MM): CKS1B/CDKN2C (1q/1p), IGH and TP53 (17p) / reflex IGH/FGFR3, IGH/CCND1 and IGH/MAF

**NGS Analysis** (sequencing and deletion/duplication)

|                          | Panel   | # Genes | Genes   |
|--------------------------|---|---------|---|
| <input type="checkbox"/> | Myeloid Neoplasms Panel<br><br><small>LAB CODE: MYL</small> | 42      | ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CEBPA, CUX1, CSF3R, DDX41, DNMT3A, EZH2, ETV6, FLT3, IDH1, IDH2, JAK2, GATA2, KIT, KMT2A, KRAS, MPL, NF1, NPM1, NRAS, PHF6, PPM1D, PTPN11, PRPF8, RAD21, RUNX1, SETBP1, SH2B3, SF3B1, SRSF2, STAG,2 TET2, TP53, U2AF1, WT1, ZRSR2 |

**Lab Use Only**

Cytogenetics Lab # \_\_\_\_\_ Molecular Genetics Lab # \_\_\_\_\_

# Sample Requirements

## Requisition

Complete this Requisition completely including:

- Patient information: patient's name, date of birth, sex and Ontario Health Card number
- Specimen information: specimen type, sample collection centre and date of collection
- Indication for Testing
- Reason for Referral
- Test(s) requested
- Referring physician name, address, phone and fax numbers and signature
- Any other relevant information

## Sample Requirements

- *Peripheral Blood:* 3 mL of venous blood collected in a sodium heparin vacutainer labelled with the individual's first and last names and date of birth.
- *Bone Marrow:* 1~2 mL of bone marrow aspirate collected in a sodium heparin vacutainer labelled with the individual's first and last names and date of birth.
- *Paraffin-embedded Oncology Tissue Slides:*
  - 10% neutral buffered formalin-fixed paraffin-embedded tissue cut to 3-5 microns, mounted on positively charged slides (e.g. Surgipath SnowCoat X-tra) and dried at 50-60°C for 30-60 minutes.
  - One H&E stained slide with the area of interest clearly marked, or documentation that any area of the tissue may be used.
  - One slide per FISH probe ordered + 2 extra slides for repeats.
  - Slides must be labelled with an identifier such as the Accession Number.

**Please note: Do not send blocks. Only slides are accepted. Slides will not be returned.**

## Shipping Instructions

- Send requisition with specimens at **room temperature** for same day delivery (see address on the requisition).
- Specimens are accepted between **8:30 a.m.-3:30 p.m.** Monday to Friday.
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34).